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| Job Name: | | Document Control No: (PERMIT-Date-Initials) PERMIT- |
| Date/Time Permit Requested: | Date/Time Permit Issued: | Date/Time Permit Expires: |

GENERAL INFORMATION

| | |
|---|---|
| Location (where work is carried out): | Description of Work (describe scope of work & type of equipment used): |
| Description of overhead utilities: | |
| Voltage of power lines: | |
| Are guy wires present? Describe: | |
| Working distance from power lines & guy wires: | |
| Physical hazards present (e.g. traffic, poles): | |
| Potential accident hazards: | |
| Measures to prevent contact: | |

SAFETY REVIEW

For any item answered "NO", a Management of Change shall be completed before work can proceed.

| | Yes | No | NA |
|---|-----|----|----|
| 1. Have all relevant utility companies been contacted (including telephone, cable or other)? | | | |
| 2. Have the voltages been verified? If not determined, maximum clearance will be used. | | | |
| 3. Has a pre-job safety meeting and TSEA been conducted with workers immediately prior to work around overhead utilities and guy wires? | | | |
| 4. Has everyone involved in the work reviewed the specific emergency response procedures in the even of electrical contact and are those procedures available for review? | | | |
| 5. Are visible barriers, markings or a spotter available? | | | |
| 6. Have other work permits been issued? | | | |

AFFECTED WORKER SIGNATURES

I understand the nature of the work and certify that the above conditions shall be observed at all times

| Name/Signature | Company | Date | Time |
|----------------|---------|------|------|
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AUTHORIZING SIGNATURES

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|---------------------------|------------------------------|
| Issuing Authority: | Performing Authority: |
|---------------------------|------------------------------|